



Town of Arlington
Department of Health and Human Services
Arlington Food Pantry
27 Maple Street
Arlington, MA 02476

Main: (781) 316-3170

Client Registration Form

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____ Ethnicity: _____

Number in Household: _____

Gender (Circle): Female Male

Proof of Residency (Circle One): Drivers License Mass ID Utility Bill Apartment Lease

Do you Receive any of the Benefits (Circle which ones apply)

WIC

Fuel Assistance

Head Start

Welfare

Food Stamps/SNAP

AFDA

SSI/SSD

Veteran's Aid

Other Household Members:

Name	Relationship	Gender (circle)	Date of Birth	Ethnicity
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

Ethnicity

1 Black/ African American
2 Caucasian
3 Haitian
4 Native American

5 Russian
6 Southeast Asian
7 Other Asian
8 Cape Verdean

9 Latino
10 Chinese
11 Mixed Race
12 Unknown

Please Turn Over



Are you Disabled (circle): YES NO

Explain: _____

Are you Employed (circle): YES NO

Are you a Veteran (circle): YES NO

Annual Income (Please circle ONE):

0-30,000

41,001-51,000

61,001-71,000

31,001-41,000

51,001-61,000

More than 71,001

Any Food Allergies or Dietary Needs (Please Indicate Below):

Client Contract:

By signing up with the Arlington Food Pantry you have agreed to follow the rules below:

1. No saving spots or cutting in line
2. Only come once per month to the Marathon Street location and twice per month to the Broadway location
3. Be respectful of other clients and volunteers at the pantry
4. Take only enough food for your family

People who break any of these rules will lose Food Pantry privileges.

Signature: _____

Date: _____